TRAC Meeting
September 10, 2004

Bob Seehusen, Joseph Morrison, Gary Payne, Almita Nunnellee, Kay Chicoine, Ginger
Floerchinger-Franks, Murry Sturkie, Steve Millard, Lynette Sharp, Richard Schultz, Dia Gainor,
John Cramer, Barbara Freeman

Topic	Discussion	Decisions/Outcomes
Welcome & Introductions & Review Minutes		Minutes Approved.
Trauma Registry, Data Linkage and HIPAA	Gary Payne presented Business Associate component of having trauma data registry data analyzed. Individual hospitals have opportunity to have additional detail about their own performance. How would we monitor/regulate that? Societies that have socialized medicine have strong privacy practices. The business associate agreement defines responsibilities for business associates. In theory, the client (patient) has the right to have access to data. The contractor who has the data has the responsibility to answer questions. Hospitals need to have the same maximum protection as the public health exemption of HIPAA disclosure. The liability is not with the hospital once the registry becomes a mandate. Voluntary pilot would not be under the mandate. Quality Assurance situations are exempt from HIPAA. The department needs a business associate agreement because even though the data is de-identified, the data analyst has access to identified information. Also, the hospitals may, in process of pulling out their own data, get access to linked data from other entities, such as traffic reports, etc. But it is de-identified aggregate data. Lynette Sharp clarified that some of the "linked" data (traffic reports) comes with the patient	What needs to be done? 1) Department of Transportation's access to records and ability to reconstruct may be a statutory issue at some point. 2) Attorney general's review of business associates agreements. Need to be reasonable and prudent.

	when presented at the hospital.	
	A business associate agreement clarifies to those people we contract with that they have additional responsibilities in keeping the data safe. Does the contractor need a business associate agreement with the various hospitals? No, the department agreement is sufficient.	
	Is this an issue once the mandate is in effect? Yes. There should be an agreement between the Department and the contractor.	
	What is the role the HIPAA office plays when reports based on de-identified information is released to the public? The confidentiality issue is whether the information is de-identified. If it can be re-constructed it is not de-identified.	
Trauma Registry Management – Overall Plan/Timelines and funding "Gap" Analysis	**Funding** sufficient for RFP and pilot start dates activities. Have identified a funding stream from motor vehicle and drivers' license fees. There has been a steady increase in the number of drivers and registered motor vehicles and that creates a sufficient difference between collections and budget loading. Federal funding opportunities may also be available.	
	<u>Definition of available funding</u>: Not surplus! Revenues collected through dedicated funds (I & II) that were in excess of our historical allocation.	
	RFP Process Timeline. Implementation date of pilot near the beginning of state fiscal year 2006 (7/1/2005).	
	The TRAC controlled interval involves a requirements session that would lead to the development of scope of work statements for a contract.	
	Purchasing Process Interval:	
	1) Definitions: CMU - (contract management unit)	
	2) SICOMM - Department of	

	Administration's internet based contracting portal	
	3) BAFO – best and final offer	
	John Cramer explained the RFP process.	
	Hospital business process representatives need to participate in the requirements process. Business process representatives can be defined as users of the systems and staff involved with the outcomes of the system. Physicians would focus on the analytical output rather than the business process. Physicians need to be involved in the report construction step.	
	Kay expressed the absolute need for a process procedure manuals and standards. Clearly define what may look self-explainable in an instructional manual. The RFP needs to define who has the responsibility for standards. There can be different standards and instructions for the various methods of submitting data.	
	Discussion about the compatibility with Information Technology Resource Management Council (ITRMC) and interface issues. Concern about the degree of DHW ITSD involvement.	
Part II	Need to select a management and acquisition approach to proceed with RFP.	Motion to recommend selecting alternate 1 was seconded and carried.
	Alternate #1: Limited partnership between the state and contractor. Straight contractual relationship. No opportunity for a pilot event. Management group would select a software vendor, deliver a relationship, and answer the RFP as a partnership. The RFP could be designed for this scenario. Different management groups may go to the same software vendor. Forces the management services to select a software vendor with whom they have a comfortable working relationship. Offers more management control and a subsequent more solid bid This alternate means buying the package.	Is a response period of 1/14/05 to 2/11/05 reasonable? Delete the contractor and vendor test pilot proposal step in alternate 1. Implementation includes the pilot and should not be in the RFP process. Delete reference to "pilot" in alternate 1 flowchart. The pilot is the interaction between the contractor and the hospitals to assure the system works before implementing mandatory status.

	Alternate #2: Select software with one RFP. A second RFP would select a management services. We wouldn't have control over the relationship between contractor and software vendor.	
	Alternate #3: Sequential RFP with a pilot and then implementation. What is different, two separate RFPs and contracts with the same management group. First for a pilot and then for a final implementation. The selected management group uses DHW criteria and methodology to select a software vendor. The first RFP selects process manager.	
	Alternative 3 has been used historically when there's a hometown entity that would not otherwise be able to make a bid. Levels the field. Takes longer to complete two RFP processes.	
Evaluation of Progress – Survey Tool	John Cramer distributed graphs indicating meeting evaluation survey results.	
	Discussion about public relation issues between state and the hospitals since the project is moving forward quickly.	
	Associations can communicate as desired to their constituents. But TRAC doesn't have enough information yet to communicate. Need a specific reason. Previously discussed this type of communication to generate funding possibilities.	Electronic information will be supplied to IHA/IMA (by the end of next week) to use for various presentations and reports.
	Last meeting minutes discuss a summary document to IHA and IMA, but the associations can use as they feel is appropriate. Could be used as a progress report for the associations. The state could send out communication that an RFP is open.	
	A status report is also required for the Legislature.	
	Various upcoming events that would be conducive were mentioned.	

Selection of hospital staff for requirements session	Physician representatives, administrators, medical records techs and/or directors were involved with the software requirements project. The next requirement process will answer how the contractor will perform. Individuals who would interact with the contractor should have input in the requirements.	Need to contact each individual CNO (Chief Nursing Officer)/ DON (Director of Nursing) to determine appropriate representatives. Bob Seehusen, Joe Morris, and Steve Millard will discuss and make recommendations.
Review of Committee Charter and Membership	Shift of activities warrant a review of the committee charter and out-reach for more members. Initially had composed a list of specific representative categories. Now the membership composition has waxed and waned and the scope of work has changed. Administrator from a small hospital. Do we need the same categories of membership. Need to be an operational group more than a policy making group. Small hospital administrator and users group representation was discussed. If one of the goals is quality improvement, administrators need to stay engaged. The dividing event should be when the contractor is selected. New membership activity should coincide with the RFP award instead of filling the current vacancies now. Not enough time to fill the vacancies and orient new people before the contract award.	Modify existing charter and bring for review at the next meeting. Develop job description before identifying members. Consider members from the upcoming requirements session.
Next Agenda and Meeting Dates	Tuesday, November 23, 2004, starting at 09:00 contingent on agenda topics. Consider conference call. Topic: Review of RFP, new charter, draft Legislative report. Discuss with DHW attorney general about business associate agreements before the RFP is issued.	RFP will allow 8 weeks for potential vendors to respond.